

FILED JAN 25 1945
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____

(b) City or town **4262 W. Evans St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4262 W. Evans
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **4 & 1/2 Yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County _____

(c) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **4262 W. Evans, Ave., St. Louis, Mo.**
(If rural, give location)

(e) Citizen of foreign country? **Born in U.S. of A.** (Yes or No)
If yes, name country _____

3. (a) PRINT **Martha Ann Bagby.**
FULL NAME

3. (b) If veteran, name war **none,**

3. (c) Social Security No. **?**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **13th**
year **45.** hour **5** minute **00-A.** M.

21. I hereby certify that I attended the deceased from **Aug. 4**
19**44** to **Jan 13**, 19**45**.

4. Sex **3 Female**

5. Color or race **col**

6. (a) Single, widowed, married, divorced **Widow**

6. (c) Age of husband or wife if alive **dec'd years 1865.**

7. Birth date of deceased **Sept 1865.**
(Month) (Day) (Year)

that I last saw **her** alive on **Jan 13**, 19**45**, and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Apoplexy**
Hypertension

Due to _____

Due to _____

Other conditions: **82**
(Include pregnancy within 3 months of death)

8. AGE: Years **alt - 79** Months **4** Days **-** If less than one day hr. _____ min. _____

9. Birthplace **Huntsville, Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Domestic duties,**

11. Industry or business **House-wifc,**

12. Name **Willie Jones,**

13. Birthplace **Dont Know Dont Know**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Burley**

15. Birthplace **Lexington, Ky.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dora Miller to Benson,**
(b) Address **4262 W. Evans, St. Louis, Mo.**

17. (a) **Burial** (b) Date thereof **1-16-45.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park Cem**

18. (a) Signature of funeral director **McHaulbert**
(b) Address **2812 Thomas, St. Louis, Mo.**

19. (a) **JAN 15 1945** (b) **J. F. Bredich**
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy **1**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Willie Jones** (M. D. or other) _____
Address **2812 Thomas** Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision *myself.*

Signed.....

A. C. Houston, Jr.

Licensed Embalmer No. *2266.*

P. O. Address *2812 Thomas & Harris*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.